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European Perspectives on Public Benefit in Relation to Food: Insights from a Serious Game Approach

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Abstract: There is limited understanding of what constitutes public benefit from the perspective of the public, and none that we are aware of related to food consumer science. The purpose of this study is to contribute towards a better understanding of public benefit as a whole and its connection to food choice, essential to driving progress towards responsible consumption and healthier diets. Public benefit, associated trade-offs and responsible actors were investigated via written questions, and food choice was explored during group discussions using the PlayDecide methodology. Adults (n = 105) were recruited in six European countries (Denmark, Germany, Italy, Slovakia, Spain and the UK) and stratified by attained education. Our findings indicate that assumptions should not be made that there is general consensus about what constitutes public benefit, especially with regard to consumer food choice. Group discussions around food-related freedom of choice, education, agency and responsibility suggested that private and public benefit are neither mutually exclusive nor automatically complementary. The serious game approach employed affected a change in participants' public benefit perceptions, demonstrating its potential to better evaluate the connections between private interests and the common good through meaningful public deliberation.

Keywords: common good; food choice; consumer behaviour (SDG12); human health (SDG3); public engagement; esponsible Research and Innovation

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1. Introduction

Although the intended beneficiaries of public benefit are the public themselves, they are not often consulted on their views of public benefit, particularly in the field of food consumer science. This is problematic because considerations of public benefit are essential to implementing research and innovation policy. While public benefit is mostly perceived as an implicit norm, there is no universally agreed definition of public benefit across and even within different scientific fields [1,2]. The current study addresses this problem by reporting on the first cross-cultural exploration of citizens' understandings of public benefits, trade-offs and actors responsible for providing them before and after discussions around food consumer science and related policies.

Public benefit and its closely related concept, common good, are increasingly being discussed in the literature and in governmental and academic circles. The Global Public Good is also an important consideration in tackling problems that transcend borders, such as the COVID-19 pandemic [3] or transboundary plant diseases that affect food crops [4].

In non-economic circles, definitions of public benefit are commonly broad and non-specific, such as: "something that will improve the welfare of [or reduce harm to] society or part of it" [5]. A recent Australian study explored lay definitions of the common good, using written responses of a nationally representative sample of citizens (n = 14,303) [6]. The folk definition proposed was as follows: "The common good refers to achieving the best possible outcome for the largest number of people, which is underpinned by decision-making that is ethically and morally sound and varies by the context in which the decisions are made". Thus, public benefit is not a fixed, one-size-fits-all concept, but is flexible and contextual. Galasso and Geiger [1] indicated that the 'collective good' needed to be "articulated through practices and discourses and negotiated by the collective of concerned actors themselves as an overall specified benefit arising for a given and clearly circumscribed community" [7]. This negotiation also prevents problems like those of the 'tragedy of the commons', where common goods 'belong to all' but responsibility for their stewardship is often left to others, resulting in the unequal exploitation of the resource [1,6]. To our knowledge, no such discussions of public benefit including the public have been conducted in the field of consumer food science.

Activities that benefit the public or some segment thereof are made possible in a variety of ways, through private or public resources or a combination of both. Although some public benefits arguably do not require private or public resources to be produced (e.g., a beautiful sunset), conditions are necessary to make the enjoyment of these benefits possible for all. These resources or conditions can be thought of as trade-offs, or costs. People, companies and governments often weigh benefits and costs (which may or may not have a monetary value) before making a considered choice or policy, which in economics is often referred to as a cost–benefit analysis. They rationally seek to minimize costs and maximize benefits, and not uncommonly seek to enjoy a collective benefit without contributing to the cost [8]. On the other hand, the literature has also suggested that self-interest is not the only driving force, as people are willing to invest in the future (e.g., fewer current benefits for pensioners and unemployed [i.e., the cost component] but increased future benefits through support for early education) with increasing government satisfaction and political trust [9].

Schwartz [10] suggested that countries may differ in their level of concern for the welfare of all or in their willingness to act voluntarily to benefit others, a dimension that he defined as Egalitarianism. He found that Western European countries scored highly in this dimension, and this was particularly the case for Spain and Italy. Other Western European countries such as Germany and Denmark also had higher Egalitarian scores than the UK, for example, where Autonomy (seeking affectively positive personal experiences) was the highest dimension. For East-Central European countries such as Slovakia, sores were highest on Harmony (fitting in with the natural world and preserving rather than changing) and relatively lower on Egalitarianism. In a similar vein, Hofstede's Individualism dimension, "the degree to which individuals are supposed to look after themselves or remain integrated into groups" [11], has also been found to differ across countries, including those participating in our study, and has been reported to influence factors associated with food choice, with increased Individualism being associated with stronger inclinations towards individual tastes and choices [12]. Great Britain and Denmark have received higher scores on this dimension, whereas Spain and Slovakia's scores are relatively lower (www.geerthofstede.com/research-and-vsm/dimension-data-matrix, accessed 18 October 2024).

Friess and Eilders [13] state that "Deliberative democracy refers to a specific type of participation that is characterized by informed discussion between individuals about issues that concern them". Public benefit and food naturally concern the public, and, as

stated above, there is a necessity for the common/collective good to be negotiated by the concerned actors. Thus, deliberative theory was of relevance to our study. Although a broad and diverse field in itself, four common premises have been identified upon which deliberative theory is built: (1) clear, comprehensible communication as a source of legitimacy; (2) that communications within deliberations are rational, respectful and interactive; (3) that there are beneficial outcomes from the deliberations and (4) that the deliberations are inclusive and different voices are represented [13]. This is in contrast to earlier iterations of public engagement with science, which was limited to providing information, assessing acceptable levels of risk and contributing toward legitimizing the government and/or scientific experts following various incidents (e.g., Chernobyl, Bovine Springform Encephalopathy) [14]. It has since evolved to include co-producing knowledge and innovations aligned with societal values, such as in the Responsible Research and Innovation science policy adopted by the European Union [14]. Effective deliberation also activates the capacity for more careful considerations of opinions and choices rather than relying on more automatic reactions [15]. In addition, it has been associated with other benefits including enabling participants to appreciate opinions different to their own as opposed to leading to polarization [16]. It is essential for transformation [17,18] and has great potential for enabling better decisions, because it provides a more inclusive view of complex problems affecting large numbers of people and enables realistic solutions to be explored.

Thus, this study provides a distinctive contribution to the field of food consumer science in particular, as it seeks to provide an exploration of public benefit from the perspective of the beneficiaries themselves. It aims to do this across a variety of cultural settings, where concern for the welfare of all or willingness to act voluntarily for the benefit of others has been reported as differing. In addition, it uses a form of participatory discussion on food consumer science based on deliberative theory using the innovative PlayDecide serious game, in which male and female participants of different ages and levels of educational attainment are invited to take part to foster inclusivity, clear and comprehensible background information is provided, and a respectful discussion in which all participants are encouraged to contribute is facilitated [19,20]. These activities were part of the civic engagement activities within the Community on Food Consumer Science (COMFOCUS) project (comfocus.eu). We sought to address the following questions:

A. What do citizens consider to be public benefits, their associated trade-offs and actors responsible for providing them?
B. How do discussions through a serious game around food consumer science shift the citizens' initial positions on this issue?

We addressed these questions through a public engagement/deliberation activity utilizing the PlayDecide serious game [19,20] in Denmark, Germany, Italy, Slovakia, Spain and the UK. These countries were the locations of the participating institutions in the COMFOCUS consortium, and were selected as they cover different geo-political and cultural spheres of Europe with diverse socio-political arrangements that may influence participants' positions on public benefit, as illustrated by their differing scores on Schwartz's Egalitarianism dimension [10] and Hofstede's Individualism dimension [11].

2. Materials and Methods

2.1. Selection and Preparation of the Methodology

The framing and facilitation of public dialogue can shape discourses, limiting the autonomy and authenticity of the public's responses. Therefore, the PlayDecide serious game was developed in the early 2000s, supported by the European Network of Science Centres and Museums and extensively used in diverse settings to enable deliberation on complex policy issues through informed discussions, whilst minimizing organizer influence [19].

PlayDecide involves familiarizing participants with different aspects of a central question using stimulus materials consisting of cards containing facts, stories, and questions [19–23]. After initial discussions about the issue of interest, the goal is to arrive at a consensus for the best answer or policy options proposed [20]. PlayDecide was thought to be very useful in stimulating discussions around our topics of interest (i.e., public benefit, food consumer science) and to ensure discussions were well-facilitated, respectful and inclusive. These requirements are part of the four premises of deliberative theory, i.e., to provide clear and comprehensible information related to the topic with a view of increasing the legitimacy and accountability of the deliberations, to ensure discussions are respectful and inclusive and that there are beneficial outcomes. The stimulus materials for this game were developed based on the current literature [24] and other PlayDecide games with similar themes [25,26], and were refined during regular research meetings. These were translated from English into Danish, German, Italian, Slovak and Spanish by the responsible teams and tested for clarity. Access to the materials and protocol can be obtained from the corresponding author.

2.2. Participants/Recruitment

A UK recruitment agency and its international partners were contracted to recruit and incentivize participants across countries apart from in Germany, where an independent agency was used. Balanced numbers of self-identified male and female participants of different age groups and levels of educational attainment, fluent in the national language, and able to participate in a 3 h-long in-person focus group discussion were identified. Potential participants received the consent form and information sheet in advance and were also given the opportunity to ask questions about the study before returning their signed consent form to the research teams upon arrival.

Participants were divided into 2 groups based on educational attainment: one with a higher level (International Standard Classification of Education (ISCED) 5–9, equivalent to university level or more—UNI group) and one with a lower level (ISCED 0–4, equivalent to less than university level—NON-UNI group) as shown in Table 1. A facilitator from each country's research team was selected to run both groups either on the same day or on consecutive days. A total of 105 individuals (49 women, 56 men) participated in the groups from 1 December 2022 to 29 June 2023. Only research teams and participants from either the UNI or NON-UNI groups were present in each session.

Table 1. Participant characteristics from each country (UNI group—ISCED 5–9, equivalent to university level or more; NON-UNI group—ISCED 0–4, equivalent to less than university level; M, male; F, female).

	DENMARK		**GERMANY**		**ITALY**		**SLOVAKIA**	
AGE GROUP (YEARS)	UNI M/F	NON-UNI M/F	UNI M/F	NON-UNI M/F	UNI M/F	NON-UNI M/F	UNI M/F	NON-UNI M/F
18–24	1/0	0/1	1/0	0/1	1/0	0/1	1/0	0/1
25–34	2/2	1/0	1/1	2/0	1/1	1/0	1/0	1/0
35–44	0/1	0/1	0/1	0/1	0/1	0/1	1/1	1/1
45–54	1/0	2/0	1/0	1/0	1/0	1/0	0/2	1/1
55–64	1/1	1/2	2/1	1/1	1/1	1/1	0/1	0/1
65+	0/1	1/1	0/1	1/1	0/1	1/1	1/0	1/0
SUB TOTAL	5/5	5/5	5/4	5/4	4/4	4/4	4/4	4/4
TOTAL	10	10	9	9	8	8	8	8

Table 1. *Cont.*

	SPAIN		UK		TOTAL	
AGE GROUP (YEARS)	UNI M/F	NON-UNI M/F	UNI M/F	NON-UNI M/F	UNI M/F	NON-UNI M/F
18–24	1/0	0/1	1/0	0/1	6/0	0/6
25–34	2/1	1/0	1/0	0/1	8/5	6/1
35–44	1/0	0/1	1/2	2/0	3/6	3/5
45–54	1/0	1/0	0/0	0/2	4/2	6/3
55–64	1/1	2/1	1/1	1/0	7/6	5/6
65+	0/1	1/1	1/0	1/1	2/4	6/5
SUB TOTAL	6/3	5/4	5/3	4/5	30/23	26/26
TOTAL	9	9	8	9	53	52

2.3. Procedure

There were four distinct phases. Phase 1—Initial questions. Participants selected a pseudonym and completed the following written questions on public benefit: (1) Please write down three examples of public benefit; (2) What is it about each example that made you consider it a public benefit? (3) What are the trade-offs (if any) associated with each of the public benefit examples you listed? (4) Who is involved in making each of these benefits available? Phase 2—PlayDecide game discussions. Participants chose one or more cards from individual sets of Information, Story and Issue cards in turn, explaining their selections to the group, which triggered free discussion. They were then asked to individually rate and rank the food-choice-related policy options in Table 2, creating new ones if they wished. Phase 3—PlayDecide game deliberations. Participants deliberated about the policy options, with the goal of reaching a group consensus on which one would provide the greatest public benefit. Phase 4—Final questions. The same written questions completed at the beginning were also individually completed by participants at the end of the session. The entire session was audio-recorded and transcribed in the native language by each research team using Microsoft Word 365.

Table 2. Policy options providing public benefit using food consumer data.

Policy Options Providing Public Benefit Using Consumer Food Data
(A) Reducing the number of food products available, keeping only those that are healthier or more sustainable.
(B) Linking food choices with health data (such as weight, blood pressure or blood sugar levels) so that personalized feedback can be given to people on what food choices may contribute to their poor heath now or in the future and what food choices could improve their health now or in the future (for those who choose to do so).
(C) Encouraging people to choose local food and food products even if they are worse for the environment than imported products so that the local economy can get stronger.
(D) Making healthy food cheaper and easier to find and prepare and unhealthy food more expensive and harder to find in stores.
(E) Encouraging people to choose new types of food that are healthy and more sustainable than the food that we are used to (i.e., insects, genetically modified food), even if it is not familiar.
(F) Protecting the free choice of individuals to eat what they want even if it negatively affects the environment and society.

2.4. Data Analysis

Responses to the written questions (from Phases 1 and 4) were reviewed within each country and tabulated by question. Responses to question 2 (why the example is a public benefit) were incorporated into responses for questions 1, 3 and 4 resulting in the following categories: EXAMPLES, TRADE-OFFS and RESPONSIBLE ACTOR. Inductive (from the data itself) and deductive codes (from the stimulus material) were created by each research team using word processing software (e.g., Microsoft Word 365) and discussed in regular cross-country meetings. Codes were organized into a central Microsoft Excel spreadsheet for each category, including relevant subcodes, and populated by each research team with

the number of individuals mentioning them by country, level of attained education (UNI and NON-UNI), and phase (BEFORE and AFTER PlayDecide game). Any queries related to the coding were resolved during research team meetings.

Transcriptions and notes from the group discussions and deliberations (Phases 2 and 3) were analyzed in each country for topics and patterns, as per thematic analysis [27]. Research teams in some countries (Italy, UK, Germany, Denmark) used text analysis software (MAXQDA, NVIVO version 20.7.1.1534), whereas others used basic word processing software (Spain, Slovakia). These were categorized into an initial coding scheme developed during regular research meetings and applied to the transcriptions, with broader themes and sub-themes emerging across countries. While many themes were associated with the topics of the cards selected, others not mentioned in the material also emerged (e.g., Education). Rating and ranking of the options were also analyzed at a group level, either as a consensus (UK, Denmark, Italy, Slovakia) or by averaging individual ratings from voting sheets (Spain, Germany). Additional options devised by participants were noted and incorporated into wider ratings and rankings.

3. Results

3.1. Thematic Analysis of the Individual Responses to the Written Questions Before Discussions and Deliberations

In examining the answers reported prior to the PlayDecide game (BEFORE), Health was the most often mentioned EXAMPLE of public benefit cited by participants (Table 3). Other public services, Education and Information were also often mentioned. Only those from NON-UNI groups mentioned benefits related to Healthy and Sustainable Food Options.

Table 3. Total count of number of mentions of codes by educational attainment group (UNI, university level or more; NON-UNI, less than university level) for each of the three public benefit-related questions (EXAMPLES, TRADE-OFFS and RESPONSIBLE ACTOR) before and after PlayDecide discussions.

EXAMPLES of Public Benefit				
Codes (Subcodes)	**BEFORE (Phase 1)**		**AFTER (Phase 4)**	
	UNI	**NON-UNI**	**UNI**	**NON-UNI**
Health (health services, reducing burden on health services, improving health)	36	22	34	32
Regulation (banning/limiting foods, subsidies, taxes, food quality, food safety, food production, food sustainability, general regulation)	24	19	26	23
Other Public Services (services provided by the government—i.e., libraries, parks, public transport, sanitation, safety)	21	12	5	6
Education (education in general, food-related education, health-related education)	15	15	22	22
Information (Food-related information—i.e., labels, informed choices, using consumer food data: non-health-related, using consumer food data: health-related, general information)	11	18	21	18
Sustainability (general sustainability, water, waste reduction, energy use reduction, reducing transportation of food, animal welfare, sustainability education)	13	14	16	18
Financial Benefits (money paid by the government—i.e., pensions, benefits)	13	11	5	5
Healthy/Sustainable Food Options (availability, convenience, encouragement/influence, research, price, appearance, specialty foods—i.e., diabetes, gluten-free)	6	17	19	36
Moral Values (altruism, sense of community, justice and fairness, respect, trust, peace, deferred gratification, gratitude)	8	15	4	9
Enjoyment (food-related enjoyment—i.e., pleasure in eating, non-food-related enjoyment—i.e., nature, culture, relaxation)	1	8	0	1
Charities/NGOs (churches, food banks, etc.)	3	3	2	0
Individual Rights (autonomy)	2	1	3	5
Democracy (democracy)	2	0	1	0

Table 3. *Cont.*

TRADE-OFFS related to the example(s) of public benefit mentioned				
Codes (Subcodes)	**BEFORE (Phase 1)**		**AFTER (Phase 4)**	
	UNI	**NON-UNI**	**UNI**	**NON-UNI**
Don't know ("don't know", "?", blank)	45	35	38	39
Barrier (something making the realization of the benefit difficult)	26	31	42	23
Trade-off (something that must be forfeited beforehand in exchange for the benefit)	28	21	26	31
Negative Consequence (negative outcomes from not having the benefit)	24	13	20	14
Requirement (something necessary for the adequate implementation of the benefit)	20	9	10	12
Positive Consequence (positive outcomes from having the benefit)	0	14	7	7
Example (giving an additional example of the benefit)	6	3	6	1
Question (asking a question related to the benefit)	1	8	3	2
Reason (why the benefit is important)	3	5	1	7
Alternative (giving alternatives if there are problems in accessing the benefit)	2	5	0	2
None (affirming there are no trade-offs for the benefit)	5	0	6	1
RESPONSIBLE ACTOR in making public benefits available				
Codes (Subcodes)	**BEFORE (Phase 1)**		**AFTER (Phase 4)**	
	UNI	**NON-UNI**	**UNI**	**NON-UNI**
Government (government, local authorities, health secretary, education secretary, politicians, public administrators, the state, public sector, legislative power)	83	64	72	81
People (people in general—i.e., public, ourselves, us, everyone, the final customer, volunteers, the population; people paying tax—i.e., people who are employed, workers, others—i.e., parents, managers, cooks, etc.)	38	25	46	56
Companies (companies, manufacturers, food manufacturers, food industry)	32	26	37	26
Retailers (supermarkets, retailers, shops)	5	16	13	16
Farmers (farmers, producers, growers)	2	6	5	10
Schools (schools)	4	4	5	9
Researchers (researchers, organizations that carry out research)	3	4	6	6
Media (social media, social media campaign managers)	4	2	2	5
Healthcare Staff (healthcare staff, doctors, hospitals, nurses, nutritionists, dieticians)	4	1	1	7
Funders (funders, investors, rich countries)	2	0	0	1
Charities/NGOs (churches, food banks, consumer associations)	0	4	1	0

Answers associated with the TRADE-OFFS question predominantly were left blank/"don't know"/"?", and were often connected to barriers, consequences, and requirements rather than something that must be forfeited before receiving a benefit, especially among NON-UNI groups. The Government was the main RESPONSIBLE ACTOR cited in making public benefits available, as most examples of benefits initially mentioned were related to public services. The Public (e.g., People in general, Taxpayers) was mentioned less often.

Answers provided after the PlayDecide game (AFTER) will be discussed in Section 3.3.

3.2. PlayDecide Discussions and Deliberations

Food choice was the over-arching topic of the stimulus materials and policy options prepared for the PlayDecide serious game. The main themes emerging included benefits associated with freedom of choice, local food, education, and agency. These results were analyzed in the context of personal and public benefits.

3.2.1. The Benefit of Freedom of Choice

Participants highly valued having free choice regarding food, viewing it more as a non-negotiable individual right than a benefit. It was considered a private matter not often linked with societal obligations associated with public benefit.

"[. . .] you can never take away the option for people to choose what they want."

—Spain, female, UNI

Participants were vocal about having the freedom to choose whether to eat healthily and prioritized freedom to choose above the healthfulness of their food choices. Indeed, liberty surpassed other values in importance espoused by other food system stakeholders, such as greater consciousness around health and the environment.

"[. . .] it's their right [to get unhealthy foods], in some way."

—Denmark, male, NON-UNI

However, this unequivocal endorsement of liberty as the guiding principle of food policy was accompanied by awareness of the downsides of making unhealthy food choices, including impacts on the community and the wider society.

"And yes, and with health, too. If someone permanently eats an unhealthy diet and then suffers from diabetes, heart attacks and whatnot from the age of 50 onwards, the costs are ultimately borne by the community."

—Germany, male, UNI

Barriers related to making healthy food choices were also raised, such as cost, availability, perishability, lack of time and how "healthier" foods are defined. These barriers were primarily viewed to exist outside of an individual and were significant in shaping or even determining individual choice. Whilst freedom was prized, the constraints imposed by the environment were broadly recognized and indisputable. There was also recognition that freedom of choice often clashed with the freedom (or right) to achieve health. The range of factors identified that delimit this freedom included: powerful actors within the food system who determine both what is available and how it is offered to people; constraints of everyday living such as of lack of time, money or skills; vested interests of the food industry that undermine the achievement of health as public good; and uncertain and imperfect information hindering the better exercise of freedom of choice.

"I would say to everyone that we eat not only according to choice, but also according to finances."

—Slovakia, female, NON-UNI

"I would like to eat more healthily, but I also have ready-made food. Maybe on the weekend we have more time available and dedicate some of that to make healthier food. But unfortunately, not Monday to Friday."

—Spain, male, UNI

"Twenty years (ago) there was no good bacon or fat (lard) and suddenly it's better than anything possible. So the average person can't navigate this."

—Slovakia, male, UNI

Issues around freedom of choice and barriers to people's autonomy highlight complexities in people's engagement with food—both are personal factors, but also a public phenomenon, subject to political, economic and techno-scientific forces that are beyond any single individual's control.

3.2.2. Local Food as a Symbol of Public Benefit

Local food was also regarded positively among participants, as more healthful, seasonal and supportive of one's local community. Participants also conflated local food with good quality food, a sense of belonging and identity.

"I would be in favour of more of those local stores, because you know that you are buying at least something healthier, even if it is a bit more expensive than in those hypermarkets and supermarkets."

—Slovakia, female, NON-UNI

"Local food is in season. There are many benefits."

—Spain, female, NON-UNI

Food, whilst a deeply private issue, was also seen as an expression of commitment to something transcending any single individual. This is where food extends into considerations of public good, from the perspective of how engaging with it is seen to affect the wellbeing of other people beyond the self. Indeed, "the community" was explicitly mentioned in the quote below, suggesting that people are connected through some sense of commonality, mutual obligation and reciprocity.

"I think it's important to support your local community shop, 'cause that's where you live, isn't it? If you just go in and you pay £1.00 more for your apples there and you just get your apples there, still support it. [. . .] otherwise [. . .] they're gonna suffer and they're gonna go out of business and that's it, you know, it's a family, isn't it? [. . .] . . .you're part of the community as well."

—UK, male, NON-UNI

The sense of common obligations and duty towards the community is also expressed in the quotation below, outweighing personal preferences. It values the wellbeing of another, such as the farmer who symbolizes the common bond between them in the quotation below.

"My grandfather went on for a lifetime to go to his farmer friend and bring home some stuff that they drank and ate, the worst I've ever tasted in my life. But he said "ah, as good as my farmer friend's", and his farmer friend earned a living."

—Italy, male, UNI

Participants also highlighted that local food, while desirable, is not accessible for many people, particularly in the current socio-economic climate.

"We had a farm shop near us. . .. but I went with my friend one time, and she bought a chicken. It was about this big [showing a small size with hands], no lie, and it was organic, and it was £13.00. And I was like "wow". But then you go in like Lidl or Aldi and you get a big chicken and it's like £3.99. You know that's £10 difference."

—UK, female, NON-UNI

Finally, even the concept of the "local" was subject to critical interpretation and questioning. For example, participants grappled with how the food system is constructed in modern societies, transcending boundaries and undermining territoriality as the prism through which people can make sense of local food.

"Locally, you have to ask yourself the question, what does local mean? Is it local to my county or is it my state? Or is it my country? Is it in Europe? And I think even Europe is still relatively local, and you still have a large selection and still have the freedom to decide what you want to buy."

—Germany, male, NON-UNI

3.2.3. Education as Public Benefit

Gaps in knowledge and education were highlighted among participants and were repeatedly discussed in terms of both their own and other people's competencies. The following quotations suggest that to achieve the individual benefit of health, the benefit of education is required to build competencies to ensure that the ideal of healthy eating can become a reality, and to enhance the freedom to make authentic and informed choices.

"Children's nutrition education. If we want to change the system, we need to focus on the children."

—Spain, male, NON-UNI

"[. . .] everyone wants to be healthier [. . .] but, like, it is more a question of how."

—Denmark, male, UNI

Participants also endorsed the option of becoming more knowledgeable to improve their own and the population's food consumption and health, even if it meant sharing data through apps or other means, as suggested by the quotations below:

> *"...data on food consumption [...] are important to understand where we are going and where maybe we need to correct."*
>
> —Italy, female, NON-UNI

> *"[...] the app could take it [eating habits] there and say, 'Well these are some healthy alternatives that are cheaper [...] in your local area or in the same supermarkets that you go to'."*
>
> —UK, male, UNI

Only a few participants recognized the inherent conflict between personalization and the protection of privacy, even though freedom of choice was so greatly defended. The following quote illustrates this trade-off:

> *"In general, I would like to receive personalized recommendations. On the other hand, data protection is also relatively important to me. That's a bit of a dilemma."*
>
> —Germany, male, NON-UNI

However, personalization cannot be considered as a public benefit if limited to one individual. This can only be advanced when data from larger groups of individuals are combined to generate beneficial insights applicable to wider populations.

Also identified in relation to education was "the incompetence of the other", encapsulated in the belief that other people are unteachable and disinterested. They were regarded as unable or unwilling to adopt an informed decision, and that they would not change with education. Some endorsed options of restricted choice and regulation in response to this reality.

> *"[...] there are people, like I don't want to offend anyone, but simpler people. They do not deal with what it is, what its composition is, what effect it has. They see a nice packaging or see a good price and buy it."*
>
> —Slovakia, female, UNI

> *"[...] while many people with the right information and education may understand the right direction, not everyone does. There are people who simply don't care at all; you can explain it to them for twenty years, and they still won't get it. So, the solution lies in perhaps investing more in certain healthier foods and ultimately providing the consumer with a healthier product at a slightly lower price in supermarkets, and a less healthy product at the same or slightly higher price."*
>
> —Italy, male, UNI

The public benefit is therefore transformed from conditions enabling free choice to those that restrict or even constrain choice. This dilemma was demonstrated in the discussions and signifies the complexities of balancing freedom of choice and public benefit.

3.2.4. Agency, Responsibility, and Public Benefit

Agency, powerlessness and responsibility were emerging aspects of the same theme around how public benefit can be realized, protected or undermined. Some participants lamented the role other significant agents have within the food system with greater agency and power to promote public benefit than an individual. This notion is reiterated further with a call for a legitimate body to restrict the unwarranted control of certain actors, which is not commensurate with their contribution to the public good.

> *"[...] I see the problem [with unhealthy choices] not necessarily with the consumer, but also with the producers and sellers. Other countries, especially in Latin America, solve this problem by means of a Nutri-score, which is prescribed by law, so that the sellers*

have to write on it what it is. Advertising is reduced, and these are precisely the levers where I think the state can intervene in order to bridge this educational gap [. . .]."

—Germany, male, UNI

"*. . .the [food] companies, that they should take responsibility or be forced into taking responsibility, yes.*"

—Denmark, female, NON-UNI

It is perhaps due to this lack of agency that participants looked to the government as the legitimate agent in the food system (at the very least, the elected one), to exercise control on behalf of the people.

"*. . .the government [. . .] has to take more control. [. . .] These people that, you know, produce stuff and do stuff. Yeah, there must be some sort of guidelines on them I think.*"

—UK, male, NON-UNI

Conversely, many participants opposed government intervention, however small. They reflected support for the a priori principle of non-interference no matter what the final objective of government intervention may be.

"*But honestly, to read that the government is changing the rules, that it's trying to help people to eat healthier, no! That is, I find it an intrusion, the government must perhaps give me the possibility to choose, give me tools, but not that it can impose what I have to eat, that's it.*"

—Italy, male, UNI

The idea of 'powerlessness' was also invoked, highlighting the danger of governments interfering too much within the 'private' sphere of food. Whilst some participants connected powerlessness to the lack of government intervention, below is an interesting example of how 'powerlessness' can be a result of the implementation of fiscal and regulatory policies without due regard for the public's views, or outside of the deliberative forum. Hence, public benefit, even if not explicitly stated, may not always be associated with government as the main driving agent, as was found in the written questions posed before the discussions.

"*. . .especially nowadays where governments have the increasing amount of power to kind of dictate our choice and what we're doing. I feel like it's important to give people the platform to feel like they can discuss it [. . .] and, feel their voices are heard. A lot of people feel powerless when you look around and you see, you know, sugar tax imposed, and you know, their way of life is just completely changed and everyone feels like they can't really do anything about that, they feel powerless in their voice. [. . .] when you feel powerless, you just kind of go with what's happening. You wouldn't necessarily feel empowered enough to make decisions that may benefit you.*"

—UK, male, UNI

"*The choice of what it is. . . [. . .]. The feeling of freedom, power and control. And you can only change things with people, not just for people. It has to be both.*"

—Germany, female, NON-UNI

3.2.5. Rating and Ranking Results on the Greatest Public Benefit Derived from Policy Options Associated with Food Choice

Despite our expectations that countries might differ in terms of their perceptions of public benefit because of varying intensities of cultural value dimensions, such as Egalitarianism and Individualism, the policy option receiving the highest ranking in terms of public benefit provided across countries and levels of attained education was "Making healthy food cheaper and easier to prepare and unhealthy food more expensive and difficult to find" followed by "Linking food choices with health data". The options receiving the lowest ranking were "Protecting the free choice of individuals at the cost of the environment

or society" and the second lowest was "Keeping only healthier products". The option of "Encouraging people to choose food innovations" and "Promoting local food even to the detriment of the environment" were mid-ranked. This pattern suggests that there was a general inclination of participants towards moderately interventionist approaches (e.g., fiscal interventions, data-driven solutions) to achieving public benefit. Surprisingly, despite their earlier commitment to free choice during discussions, most participants gave this option a low rank as a public benefit. However, they also did not endorse the harder interventionist options of restricting choice to healthier products only, and sought to preserve the option to make unhealthy or unsustainable choices.

3.3. Thematic Analysis of the Individual Responses to the Written Questions After Discussions and Deliberations

As illustrated in the previously presented Table 3, Health remained the most mentioned broad category of public benefit EXAMPLE provided by participants after discussions, but differences were evident in other categories. Mentions of Healthy and Sustainable Food Options doubled, and citations of Regulation, Education, Information, Sustainability, and Individual rights also increased. Other Public Services, Financial Benefits, Moral Values and Enjoyment were less frequently mentioned after discussions.

The most frequent response to the TRADE-OFF question was still "don't know" or left blank after discussions despite observed decreases. Negative consequences, Requirements, Examples, Questions and Alternatives also decreased. Meanwhile, the number of trade-offs defined as something which must be forfeited before receiving a benefit increased among NON-UNI participants, as did Barriers among UNI participants.

Although the top three most popular RESPONSIBLE ACTORS did not change before and after discussions, the number of mentions of the other actors increased especially among NON-UNI group participants, especially for People in General, Farmers, Schools, and Researchers.

4. Discussion

This is the first exploration of public benefit in the consumer science domain using a participatory discussion approach. In this study, we gained insight into the perceptions of citizens from six European countries on public benefit in general and how this changed following deliberations.

4.1. General Initial Perceptions of Public Benefit, Associated Trade-Offs and Responsible Actors for Their Provision (Question A)

We found that participants mainly cited public services as examples of public benefit, especially around health services that treat ill-health. Trade-offs (defined as something that must be forfeited before receiving a benefit) were not well understood, and the government was cited as the main responsible actor in connection with providing public services followed by taxpayers as funders of these services.

The literature has previously shown that when resources are constrained, individuals tend to support policies that directly benefit themselves (e.g., health and other public services) rather than those at a greater disadvantage [28], and our findings confirm this is also true in food consumer science. In addition, as demonstrated in other fields [29–32], we found that exceptions to this tendency also exist in the food consumer science domain. Beyond this, the novelty of our findings is in the deeper exploration of the connections made by participants with trade-offs and responsible actors associated with the benefits cited.

The limited awareness of trade-offs among our participants suggests a lack of understanding of the complexities in delivering public benefits and/or initial unrealistic expectations of what is possible [33]. In the food domain, this might be explained by the increasing disconnect between food production and consumption, as a very low percentage of the world's population is involved in food production [34], leading to a lack of ownership and diminished feelings of responsibility for investing in food provision [35]. Another possible explanation is the desire of some of the participants to get something for nothing (i.e.,

prioritizing self-interest with minimized costs and maximized benefits), whereas others may believe that, from a moral point of view, sacrificing one's own self-interest for the benefits for others is the right thing to do, and therefore not a trade-off.

Contrary to what might be expected under a neoliberal agenda driven by a market economy, we found that the government's role in the provision of public benefits (particularly to those most vulnerable) needed to expand rather than shrink. While the government's role in enacting restrictive policies was supported by some participants, the literature suggests that these may raise the opposition of powerful actors in the food system, leading to a negative view of the government and the abandonment of the policy (e.g., the fat tax in Denmark) [36]. However, once a policy has been implemented, public support increases as people get used to their new reality (e.g., the sugary drink tax in Mexico) [37].

Companies were viewed as mainly profit-driven by our participants, although some echoed the industry-promoted portrayal of government regulation as undesirable [38,39] and a few highlighted the role companies can play in promoting public benefit, suggesting an increased awareness of their contribution to better outcomes for all.

4.2. Discussions and Deliberation Around Maximising Public Benefit from Policy Options Related to Food Choice

Discussions highlighted a dilemma between wanting to be healthy and the right to make choices, including unhealthy ones. Although looking after one's own health is clearly beneficial for individuals, extensive research has also linked autonomy (i.e., the need to feel one has a choice), a basic psychological need under the Self-Determination Theory [40,41], with individual wellbeing. Private benefits, such as individual health and wellbeing, when experienced by significant proportions of the population, have a positive impact on society as a whole, although these connections were not explicitly made by our participants.

In a circular manner, individual wellbeing can also be improved by engaging in pro-social behavior [42]. Pro-social behavior entails sacrificing one's self-interest, which was made evident in our study by participants supporting the option to increase the availability and accessibility of healthier and more sustainable food and to make access to unhealthier food more difficult, representing a measure of giving something up that people find desirable (i.e., easier access to unhealthy food) for the benefit of oneself and others.

Our findings suggest that some participants were willing to forego a degree of personal autonomy (i.e., free choice) to achieve public benefits, or to pay higher prices for local food; they were also happy for, or even expectant of, the trusted authority (e.g., government) facilitating public benefit. Simultaneously, there was less enthusiasm for authoritarian policies that do not consult citizens about how to achieve public benefit. Greater support for more restrictive policies (e.g., taxation and limitations of unhealthy food items) and personalized feedback related to food choices were observed, especially in NON-UNI groups, signaling the importance many of these participants placed on being informed about the content of food, food options, and the health outcomes of their choices; the value of education; and how they may contribute their personal data to gain knowledge and competencies that will benefit themselves and others, which, to our knowledge, has not been previously reported. Although there was some indication that public benefit in relation to local food was built around a sense of community within a region, and the social capital and responsibility it entails, it was considered an important benefit mainly for factors directly affecting the individual such as food quality and healthfulness, rather than its sustainability, supporting previous research [43–45].

Our findings highlight that people do want to be agentic and active in construing the public benefit by being consulted, educated, and informed about their food choices. However, it was interesting to note that many viewed education alone as insufficient, and systemic changes were needed to enable all to eat healthily and sustainably. While increasing knowledge through education has been traditionally one of the most supported policy options, it is not as effective as more intrusive options [46–48].

4.3. Changes in General Perceptions of Public Benefit, Associated Trade-Offs and Responsible Actors for the Provision of Benefits After Discussions and Deliberation (Question B)

After discussions, interesting differences were observed despite the top responses remaining the same for public benefit examples, trade-offs and responsible actors, and this is one of the strong points of our study. Examples of public benefits related to Healthy and Sustainable Food Options doubled, suggesting a more preventative approach to preserving health and wellbeing. More participants mentioned trade-offs defined as something that must be forfeited before receiving a benefit, especially among those in groups with lower levels of attained education. The number and variety of responsible actors also increased, particularly the public, farmers, schools and researchers.

Notable increases in access to healthier and more sustainable food options as a public benefit highlighted a shift in perceptions from a more remedial approach to health-related public benefit (i.e., health services) to a more preventative one (eating healthier and more sustainable food to prevent ill-health). This underscores the positive impact the discussions had on our participants across countries and levels of attained education.

This impact was also evident around the idea of trade-offs associated with public benefits. Although initially less clear or salient to participants, we observed a broadening in the understanding of the necessity of trade-offs, and that receiving a benefit might involve forfeiting a personal preference or benefit for what might be beneficial to others, especially among NON-UNI participants. Similarly, participants from UNI groups tended to mention Barriers more often, pointing to an increasing awareness of the difficulties in accessing the benefit of healthy food.

It was significant to note an increase in the variety of responsible actors mentioned after discussions, particularly in NON-UNI groups. The previous predominance of a single responsible actor (i.e., the Government] suggests that other actors are regarded as less responsible (e.g., Companies, Shops, People), otherwise known as the "zero sum game" [49]. A unified vision of how different actors can contribute and collaborate could boost the collective responsibility in providing wider-reaching and more effective public benefits [50–52]. On the other hand, the prominence of the Governmentas the main responsible actor for public benefit can be interpreted as the public's endorsement of representative democracy, whereby elected representatives in government act on our behalf. In fact, it is encouraging that in the context of decreasing trust, the public still endorses the role of government as the responsible and legitimate agent for change.

4.4. Limitations

While a sample size of 105 participants is not large for a quantitative study, it is a respectable number for a qualitative study, especially a cross-cultural one such as ours. We also do not claim that our sample was representative of the populations of Denmark, Germany, Italy, Slovakia, Spain or the UK, but efforts were made during recruitment to follow the general age and gender distribution of populations, thus avoiding focus on one particular demographic (i.e., university students). We also intentionally recruited groups of participants with higher and lower levels of attained education, to increase our likelihood of capturing a broader range of perspectives and lived experiences. In addition, despite the use of slightly different approaches to data analysis among the country-level research teams (i.e., using text analysis software or not), our regular team meetings ensured a level of uniformity. Thus, while our results are not generalizable within these or across other countries, we draw attention to the insights generated and the broader commonalities observed in this novel exploration of public benefit related to consumer food science from the perspective of the intended beneficiaries themselves. Finally, we did not have enough time during our discussions to further explore the mechanics and necessary trade-offs involved in achieving the food choice-related public benefits rated by our participants. Future discussions including wider groups of stakeholders would be useful in this regard.

5. Implications and Conclusions

We conclude with two important implications from our study:

(1) Researchers, government, industry and others need to include beneficiaries themselves in effective deliberations defining what constitutes public benefit.

Our findings indicate that policy-makers, scientists and others should not assume that there is a general consensus about what constitutes public benefit, and especially as linked with consumer food science. Limited views of what constitutes public benefit derived from research or innovation by those with vested interests may not result in true public benefit at all, and can privilege a select few while others bear the costs. Greater improvements will only be realized when the intended beneficiaries themselves are aware of and have a say in the benefits and trade-offs related to research. Research on public benefit in other areas has suggested that all actors involved have a key role to play in how things are valued [52], and in negotiating what public benefit entails to whom [53]. Rather than exclusively focusing on individual self-interest, effective deliberation on what constitutes public benefit can drive a shift towards benefits that are more widely shared. This does not mean that individuals will not also benefit, but that benefits can be better distributed among segments of society rather than be accumulated by a privileged few.

An example of this can be seen in our study, where health, being the most salient type of benefit, was often considered from the perspective of an individual, rather than the public. However, group discussions also suggested that private and public benefits are neither mutually exclusive nor automatically complementary. There was recognition among participants that making healthier and sustainable food more accessible and affordable to all would provide greater public benefit in preventing disease and promoting wellbeing within the population, although the mechanics of how this would be made possible and/or affect other food system actors was not explored in depth.

(2) There is a need to increase awareness and responsibility among members of the public in contributing towards the common good and what trade-offs are involved.

Our activities also creatively led participants to consider necessary trade-offs for enabling public benefit in greater depth with implications for themselves and others (e.g., giving up some choice, reduced profits for companies), and the increased role and responsibility various actors can and need to have in shaping public benefit. Thus, the 'public' nature of public benefit needs to be made more salient and apparent, in terms of beneficiaries and necessary trade-offs, as well as regarding agency and responsibility. Our study suggests this can be achieved through meaningful public deliberation that is carefully framed and facilitated.

Our findings signal the desire of members of the public to contribute to public benefit discussions and decisions around food and the data it generates. The problems within the current food system are complex and need to be addressed through the active participation of a wider cross-section of humanity. In this way, public awareness and mobilization may be increased by greater contributions towards policies and actions designed to benefit them and others, thereby shifting the focus of all actors from the private interests of a select few to the common good.

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